

Adjunct Income Eligibility

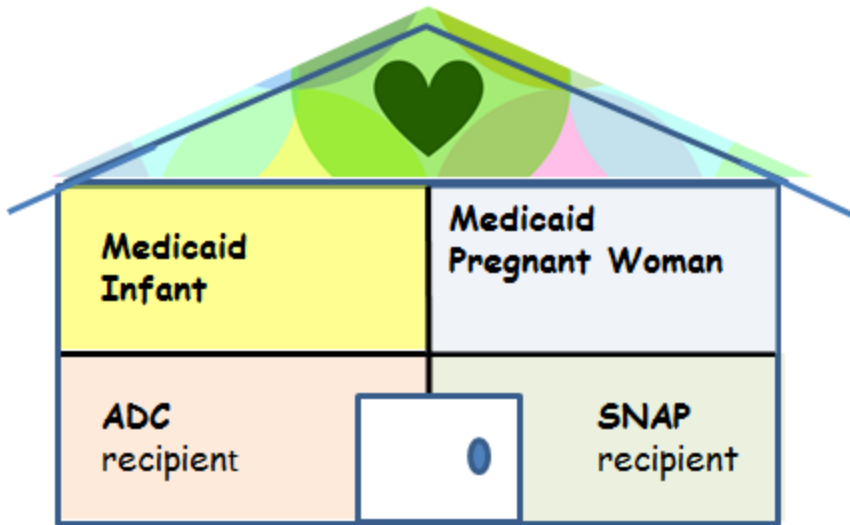
Summary – Reference Packet

Conferring Adjunct Eligibility

Conferring Adjunct Income Eligibility

WIC applicants verified as participating in ADC, SNAP, or Medicaid, are income eligible for WIC.

ALL household members are income eligible for WIC if the household includes...



The presence of 1 of the above people in the household, makes ALL members of the household adjunct income eligible for WIC.

Only the CHILD is income eligible for WIC if child is receiving ...



- **Medicaid/Kids Connection**
- Is a **Foster Child** under age 5

Adjunct Income Eligibility

WIC applicants verified as participating in 599 Chip are automatically income eligible for WIC.

A Pregnant Woman
(receiving 599 CHIP) for
unborn baby



.....is adjunct income
eligible for WIC (during
her pregnancy)

599 CHIP:

- is **not** Medicaid
- is **only** for pregnant teens and women.
- **does not confer** adjunct income eligibility to anyone else in the family while she is pregnant like Medicaid does.
- **ends** for mom at delivery

Adjunct Income Eligibility

WIC applicants verified as participating in 599 Chip may be automatically income eligible for WIC.

When 599 Chip Baby is born.....



....The baby becomes adjunct income eligible for WIC, if the baby is enrolled in WIC during the month they were born.

If you are seeing a 599 CHIP infant for WIC after the month they were born:

They are **not** adjunct eligible under 599 CHIP

These babies have to be adjunct income eligible under their own Medicaid

OR see proof of income

Ex: Infant born March 1st would have until March 31st to enroll as adjunct income eligible under 599 CHIP.

An Infant born on March 25th would only have 6 days (until the end of the month) to enroll as adjunct income eligible under 599 CHIP.

Verifying Adjunct Eligibility

- Medicaid
- 599 CHIP

Acceptable Proof / Verification of Adjunct Income Eligibility

Medicaid Proof

- **Notice of Action Form** –mailed within last 30 days, reprinted within last 30 days or viewed on-line
- **A NEWLY issued Medicaid card** within the last 30 days.
- **Completed Presumptive Application** – Signed and dated within the last 30 days

or

- **WIC Staff call to verify** that Medicaid status is current by CALLING NMES Inquiry Line, or internet.
- This needs to be done if Medicaid card shown has been issued over 30 days ago.

Type a "D" in the computer field for adjunct eligibility

Assess income using:
•Income path questions
•Verbal response is acceptable

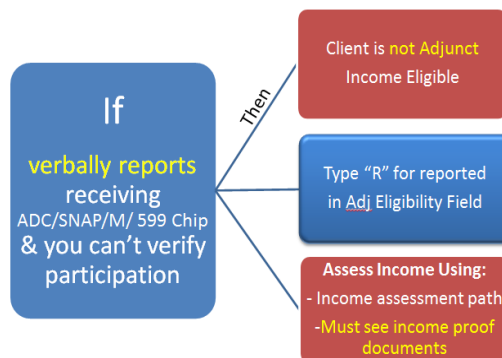
599 CHIP Proof

- **Notice of Action Form** –mailed within last 30 days, reprinted within last 30 days or viewed on-line
- **A NEWLY issued 599 CHIP card** within the last 30 days with "unborn" and mothers last name

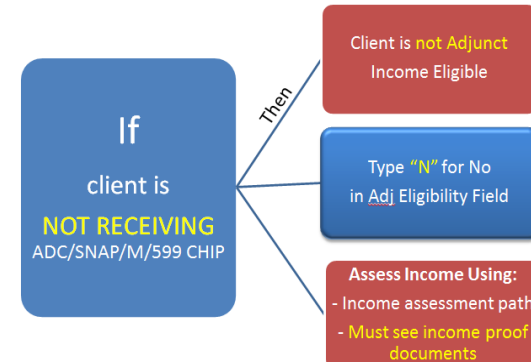
or

- **WIC Staff call** to verify that status is current by calling NMES Inquiry Line, or internet.
- This needs to be done if card shows it has been issued over 30 days ago.

NO Proof
of Adjunct Income Eligibility



NO Proof
of Adjunct Income Eligibility



NOTICE OF ACTION

Eligibility for medical coverage for (pregnant woman's name) unborn child has been reviewed under the 599 CHIP. (pregnant woman's name) unborn child has been determined eligible for medical coverage beginning (date of eligibility begins) through birth/end of pregnancy. Your unborn's 599 CHIP coverage will end when the birth/end of pregnancy occurs which is in the month of (month baby is due) based on the due date provided.

The purpose of this program is to allow medical coverage for the unborn child, including prenatal care, labor and delivery. Postpartum and any other care past the birth/end of pregnancy is not a covered service under 599 CHIP.

- You must report to the Agency within ten days all changes in your status, including the birth of your newborn or end of your pregnancy (477 NAC 0.006).
- If your anticipated due date changes, you will be required to report your new due date before any adjustment in medical coverage will be made for the unborn.

AT THIS TIME A MEDICAID CARD WILL NOT BE ISSUED FOR THE UNBORN. THIS NOTICE OF ACTION WILL SERVE AS THE UNBORN'S MEDICAID ID. PLEASE PRESENT THIS NOTICE TO THE MEDICAL PROVIDER(S). THE CURRENT MEDICAID ID IS _____.

Disclaimer: Please accept this notice as you would a regular Medicaid card. This notice does not guarantee coverage, either it provides the MED ID to be used for billing purposes. You will need to verify current coverage through the Nebraska Medicaid Eligibility System (NMES).

Coverage is limited to care solely for the unborn child, including prenatal care, professional fees for labor and delivery, live birth, fetal death, miscarriage and ectopic pregnancy. Services not covered under 599 CHIP include postpartum care, medical issues separate to the pregnant woman and unrelated to the pregnancy and any services to the newborn child following the end of the pregnancy. See applicable provider bulletin(s) for specifics.

Approval for 599 CHIP is based on Legislative Bill (LB) 599 which requires Nebraska to establish a separate program as allowed under Title XIX of the Federal Social Security Act, as amended and 42 C.F.R. 437.10. LB 599 amended sections 68-915, revised Revised Statutes of Nebraska, sections 6-110, Revised Statutes Cumulative Supplement, 2010, and sections 68-902, Revised Statutes Supplement, 2011. This program is solely for the unborn children of pregnant women who are otherwise ineligible for coverage under Title XIX of the Federal Social Security Act. See Provider Bulletin 12-33 August 8, 2012.

Verifying Adjunct Income Eligibility – Using Notice of Action Forms

DEPARTMENT OF HEALTH AND HUMAN SERVICES
POLK 6001
LINCOLN, NE 68501-6001

Case Number: 56609
Case Name: C2012ACT
Telephone Number: (800) 351-4278
Fax Number: (402) 471-0709
Notice Date: 08/22/2012
Mail Date: 08/22/2012

1211 N 7 ST
LINCOLN, NE 68505

NOTICE OF ACTION

Child Care Subsidy Program

Denied
Your application for Child Care assistance is denied effective 07-01-2012.

The reason is:
Reason Found in Comment Section

Approval
Your application has been approved 8-2012. Effective 08-01-2012, your Child Care assistance will begin with a monthly family fee of \$0.00. This benefit is prorated from the application received date of 07-31-2012.

The following individual(s) are eligible for Child Care benefits:
Approval
Individual Status Eligible

Supplemental Nutrition Assistance Program (SNAP) formerly known as the Food Stamp Program
Your benefits will change for 9-2012. The monthly benefit will be \$361.00.

The reasons are:
See Reverse
Page 1 of 5

NMES Line
1-877-255-3092
402-471-9580

Notice of Action Form Medicaid/599 CHIP Older than 30 days

Staff calls NMES Line and is able to verify current status in an adjunct eligible program?

If Eligible

If Ineligible

Type D in the field for adjunct eligibility

May verbally declare income

Type N (NO) in the adjunct eligibility field

Must see all income documents

Notice of Action Form (Dated within last 30 days or viewed online)

View the Form – Is current participation in an adjunct eligible program listed on form?

If Eligible

If Ineligible

Type D in the field for adjunct eligibility

May verbally declare income

Type N (NO) in the adjunct eligibility field

Must see all income documents

Notice of Action Form ADC and SNAP Older than 30 days

Have client reprint form or view current form online Is current participation in an adjunct eligible program listed on form?

If Eligible

If Ineligible

Type D in the field for adjunct eligibility

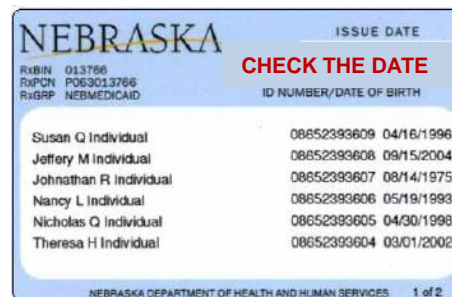
May verbally declare income

Type N (NO) in the adjunct eligibility field

Must see all income documents

Verifying Adjunct Income Eligibility – Using Medicaid Card

New Medicaid Card : Issued within last 30 days



Type D in the
field for adjunct
eligibility

May verbally
declare income

Older Medicaid Card: Older than 30 days

Call NMES
Line to verify
Medicaid

NMES Line
1-877-255-3092
402-471-9580

If yes

Type D in the
field for adjunct
eligibility

May verbally
declare income

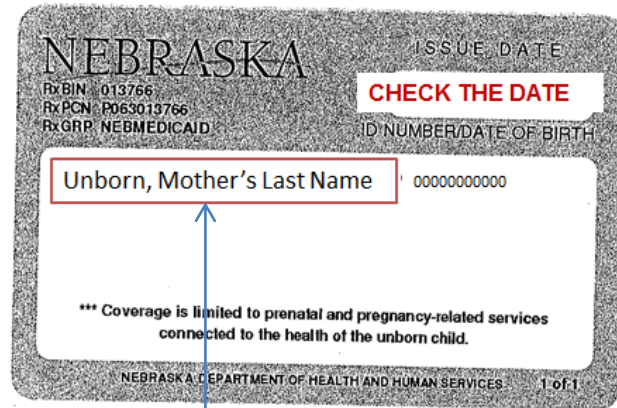
If No

Type N (NO) in the
adjunct eligibility
field

Must see all
income
documents

Verifying Adjunct Income Eligibility – Using 599 CHIP Card

New 599 CHIP Card:
Issued within last 30
days with unborn
mothers last name



**How to
Distinguish
the 599 CHIP
Card**

Type D in the
field for adjunct
eligibility

May verbally
declare income

Older 599 CHIP Card:
Older than 30 days

Call NMES Line
to verify 599 CHIP

NMES Line
1-877-255-3092
402-471-9580

If yes

Type D in the
field for adjunct
eligibility

May verbally
declare income

If No

Type N (NO) in the
adjunct eligibility
field

Must see all
income documents

Verifying Adjunct Income Eligibility – Using Presumptive Application

Presumptive Application: Dated within last 30 days



Presumptive Application for Pregnant Women
Instructions: Read carefully. Please write clearly.
This is not a valid application until it contains your name, address and signature.

Name of Applicant: _____ Social Security Number: _____
Address (Number, Street, City, Zip Code): _____ Telephone Home/Work: _____

Did anyone in your household get services through Department of Health and Human Services this month or last month?
☐ Yes ☐ No If yes, explain under what name, when and type of services: _____

My Family's Current Physician(s) is (are): _____

List everyone in your family who lives with you (parents & children): (Give the information listed. Use more paper if you need to.)

Name (First Name, Middle Initial, Last Name)	U.S. Citizen (Y/N)	Social Security Number	Race	Birthdate	Sex (M/F)	Pregnant (Y/N)	What is Expected Date of Delivery?
(Adults in Home)							
(Children)							

Must Be Signed

I certify that the above woman is eligible for Presumptive Eligibility. Individuals on this form who ARE NOT pregnant, ARE NOT Presumptively Eligible.

Sign Here: _____ Provider Representative Name of Provider: _____
Date of PE Determination: _____ Provider Address: _____ Provider Phone Number: _____

DATE OF PE DETERMINATION

NOTICE TO PROVIDERS: Please accept this form as proof of temporary Medicaid coverage for pregnant women. To check Medicaid presumptive eligibility, in most instances, use the woman's social security number with a two digit suffix when calling the Nebraska Medicaid Eligibility (NMEIS) line at 1-800-644-3800.

NOTICE TO APPLICANT: Show this form as proof of presumptive eligibility for children and outpatient prenatal coverage for pregnant women.

NOTICE & APPEAL RIGHTS!
Presumptive
1. If you are found ineligible for Presumptive Eligibility, you may appeal this decision.
2. If you are found eligible for Presumptive Eligibility and do not provide the additional information requested, presumptive eligibility will end. No further notice is required.

Medicaid
1. This is also an application for continuing Medicaid Assistance. If the Medicaid application is denied, you have the right to appeal this action.
2. If the local Department of Health and Human Services office does not make a timely decision (within 45 days) on your Medicaid application and send you notice of the reason, you may appeal this action.

Distribution: White-Local Office; Yellow-Customer; Pink-Provider MS-01 (2/2012) 2/12 Page 1/2 (Previous version 1/1/12 should NOT be used)

Type D in the field for adjunct eligibility

May verbally declare income

Presumptive Application Older than 30 days

Call NMES Line to verify Medicaid

1-877-255-3092
402-471-9580

If yes

Type D in the field for adjunct eligibility

May verbally declare income

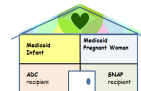
If No

Type N (NO) in the adjunct eligibility field

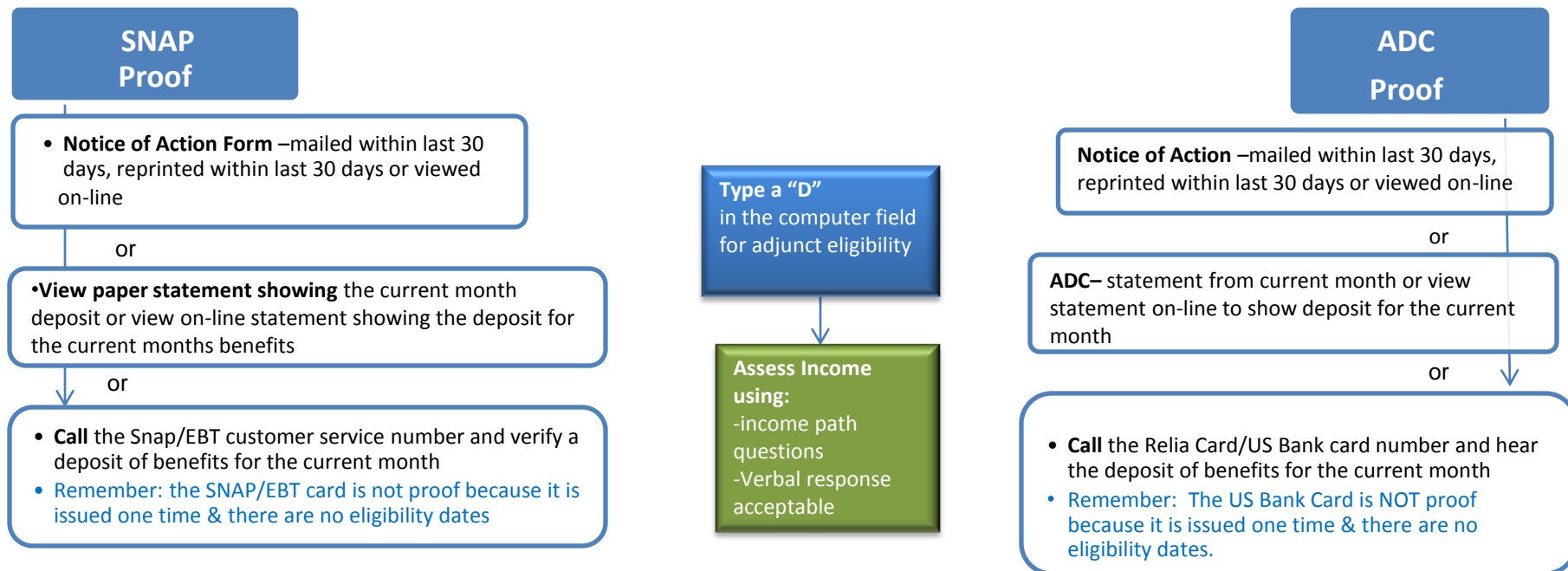
Must see all income documents

Verifying Adjunct Eligibility

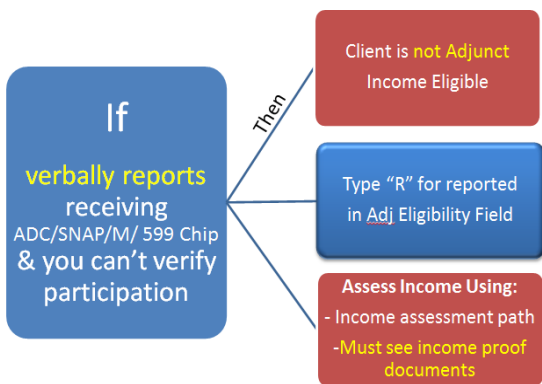
- SNAP
- ADC



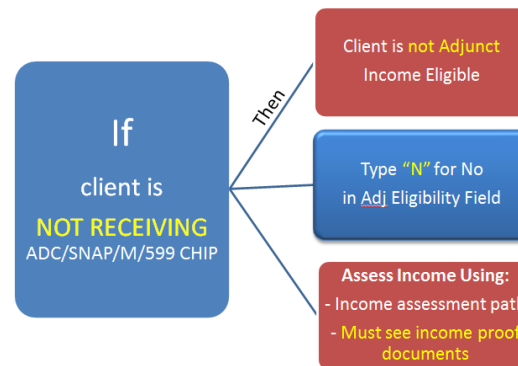
Acceptable Proof or Verification of Adjunct Income Eligibility

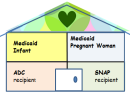


NO Proof of Adjunct Income Eligibility



NO Proof of Adjunct Income Eligibility





ReliaCard®

Card Number: *****6069 Balance: \$ 1.58

Cardholder: Sally Sue

Card Information Statement [Print Friendly View of Page](#)

Card Activity

Statement **December 2012** Month: December

Cardholder number: *****6069

Name: Sally Sue

Address: 504 South 7th St
Lincoln, NE 68508

Statement Activity from: 12/01/2012 to 12/31/2012

Beginning Card Balance as of 12/01/2012: \$0.00

Funding Transactions

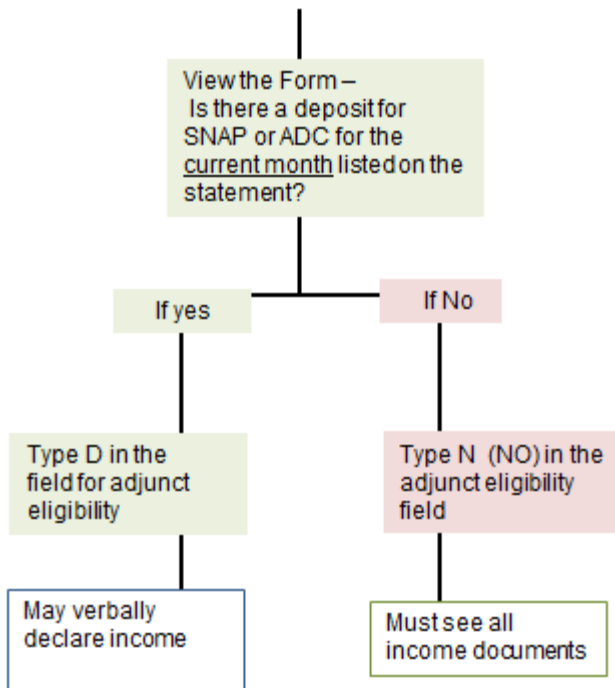
Date	Description	Amount
Date-Current Month	ADD FUNDS STATE OF NE NE HHS INFO	\$256.00

Card Transactions

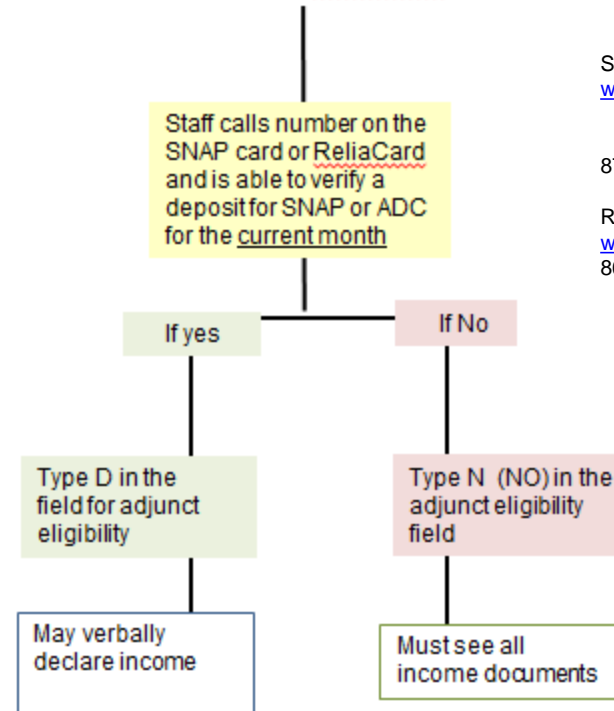
Date	Description	Amount
12/13/2012	PURCHASE WAL WAL MART SUPER 911 LINCOLN (N) NE TERMINAL 19438023	-\$120.00
12/12/2012		-\$134.42

Verifying Adjunct Income Eligibility – SNAP & ADC

SNAP EBT and/or ReliaCard (ADC) Statements (Paper or On-line)



Call customer service numbers for SNAP and /or ReliaCard (ADC)



SNAP Website / Phone
www.ucard.chase.com

877-247-6326

ReliaCard
www.reliacard.com
866-276-5114



Step – Calling Automated Phone Line To Verify Medicaid

NEBRASKA		ISSUE DATE
NAME: JUDITH		06/18/2008
LAST: FARMER		
DOB: 01/01/1950		SS NUMBER DATE OF BIRTH
Diana G Individual		000000000 04/01/1988
James W Individual		000000000 08/01/1984
Jonathan R Individual		000000007 08/04/1975
Henry L Individual		000000000 05/01/1988
Michael G Individual		000000000 04/01/1988
Thomas T Individual		000000004 05/01/1980
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES		1 of 1

DIAL

- 402-471-9580 or
- 1-877-255-3092

Listen

- Welcome to Health and Human Services line
- Press 2

Enter

- Provider number: 70000000600#

Press

- 1 – to enter Medicaid Number or
- 2 – to enter SS Number

Enter

- Medicaid number followed by # or
- SS number followed by #

Enter

- Today's date, followed by # sign
(ie. 012013#)

Listen

- It will tell you who you are calling for

Press

- 1 – if the name is correct

Listen

- To see if they are eligible for that month

Newborn Infants Waiting on Medicaid Cards



Babies applying for WIC within
the first 30 days after birth:



Who do not have a Medicaid card
yet



And did not bring proof of income



If you can verify mom's Medicaid



Then the infant is adjunct income
eligible until his/her first birthday